

Plumbing Permit Application

Town of Lyndon, Sheboygan County

\$120 Remodeling

Permit # _____

W6081 CTH N, Plymouth, WI 53073

\$120 Additions

Amount Pd \$ _____

p - 920-528-7255

\$50 Over 2 Inspections

Check # _____

You must first contact Permit Agent Al Steiner, prior to applying. 920-838-3249

All permits require inspections. See inspector's info below.

Complete **ALL** sections, sign and deliver application with supporting documents to Permit Agent Al Steiner, W6081 CTH N, Plymouth 53073. Once approved, you will be contacted with amount due. Make checks payable to "Town of Lyndon".

Date			
Applicant Name		Phone	
Project Address			
City		Zip	
Project Cost	Parcel Number 59010- _____		
Mailing address (for approved permit)			

Brief description of project: _____

Type of building or structure:

<input type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Industrial

Contractor: _____

Contractor Phone: _____

Certificate #: _____

PLUMBING INSPECTOR	
Brett Reichardt, #230622 920-226-0751	
Under floor/basement test & Inspection	Date
Rough-In	Date
Final	Date
X	
Signature of Plumbing Inspector	Date

FIXTURES	NUMBER
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Sinks	
Lavatories	
Bath Tubs	
Water Closets	
Laundry Tubs	
Floor Drains	
Dishwashers	
Showers	
Garbage Disposal	
Bar Connections	
Sump Pumps	
Hose Bibs	
Water Softeners	
Other:	

If any of the work is commenced before an plumbing permit is obtained, all of the above fees shall be doubled. All tests on Rough Installations as per Wisconsin Plumbing Code. All information on this permit is pursuant to the Wisconsin Statute 145.06(1)(A), stating that the plumbing work must be performed by a contracting Master Plumber. The applicant agrees to comply with the Wisconsin Uniform Dwelling Code and other municipal ordinances, and with the conditions of this permit, understands that the issuance of the permit creates no legal liability, expressed or implied, to the Municipality and certifies that all the information is accurate.

Applicant, Contractor or Agent

Date

FOR OFFICE USE ONLY	
PERMIT AGENT APPROVAL (if necessary) SIGNATURE & DATE:	_____
PERMIT ISSUANCE SIGNATURE & DATE:	_____
PERMIT SENT TO INSP & APPLICANT SIGNATURE INITIALS & DATE:	_____